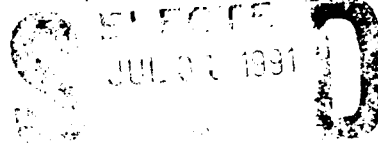


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A STUDY TO DETERMINE  
AN ALTERNATE METHOD OF  
ORIENTING NEWLY REPORTING  
HOSPITAL CORPSMAN  
TO THE SKILLS NECESSARY FOR  
THE PERFORMANCE OF DUTIES AT  
NAVAL HOSPITAL BEAUFORT  
WHICH ALSO PREPARES THEM FOR  
THEIR WARTIME MISSION.

A Graduate Research Project  
Submitted to the Faculty of  
Baylor University  
In Partial Fulfillment of the  
Requirements for the Degree  
of  
Master of Health Care Administration

by  
Lieutenant John W. Tempesco  
Medical Service Corps  
United States Navy  
February 1989

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19 (Cont.) through a regression analysis of Emergency Medical Technician National Examination scores. Results of this process yielded no statistically significant reduction in quality. Finally, an effectiveness analysis was conducted using a scientifically based study design to determine if the modules were increasing the knowledge level of the orientees. Results of this analysis did show a statistically significant difference in the group means, indicating that learning had taken place.

Overall, the program produced three fold the number of EMTs without degradation of scores and increased the number of fully oriented corpsmen from 64% to 100% within the 6 months of the study.



DEPARTMENT OF THE NAVY

NAVAL HOSPITAL

BEAUFORT, SOUTH CAROLINA 29902-6146

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19 May 1989

FIRST ENDORSEMENT on LT JOHN W. TEMPESCO, MSC, USN ltr 6010 Code 00R  
of 19 May 1989

From: Commanding Officer, Naval Hospital Beaufort

To: Residency Committee, U.S. Army Baylor University Graduate Program in Health  
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Sam Houston, TX 78234-6100

Subj: GRADUATE MANAGEMENT PROJECT SUBMISSION

1. Reviewed and forwarded recommending approval.

*J. W. Baldwin*  
J. W. BALDWIN

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19 May 1989

From: LT John W. Tempesco, MSC, USN  
To: Residency Committee, U.S. Army Baylor University Graduate Program in Health  
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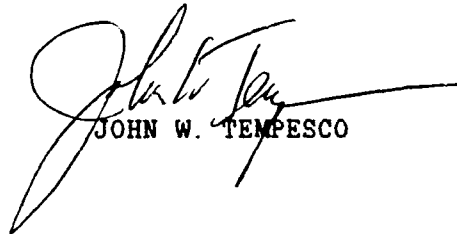
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Subj: GRADUATE MANAGEMENT PROJECT SUBMISSION

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Encl: (1) Graduate Management Project

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JOHN W. TEMPESCO

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The Manpower Management Department of the hospital also deserves special mention and gratitude for their assistance in gathering demographic data essential for the completion of this project.

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Chapter 1 - INTRODUCTIONBACKGROUND

Naval Hospital, Beaufort is a 40 year old facility with an operating bed capacity of 59 beds and an expanded bed capacity of 200. The facility serves a beneficiary population of approximately 35,000 active duty, dependents, and retirees in the Beaufort County Area. Suffering many of the difficulties of other rural hospitals, Naval Hospital Beaufort relies heavily on air and ground ambulance services for patients requiring specialized care at tertiary care facilities located approximately 45 miles away.

During the decade of 1958 to 1967 the hospital's average daily patient load (ADPL) was approximately 179 and its average monthly outpatient visits (OPV) stood at 5,254. The following decade produced a workload of 132 average daily patients and 7,611 average monthly OPVs. The past decade has continued the trend of reduced inpatient workload, with an ADPL of 43, while the outpatient workload continued its increase, yielding an average monthly OPV of 8,727. Figures 1 and 2 graphically display this inverse relationship between inpatient and outpatient workload.

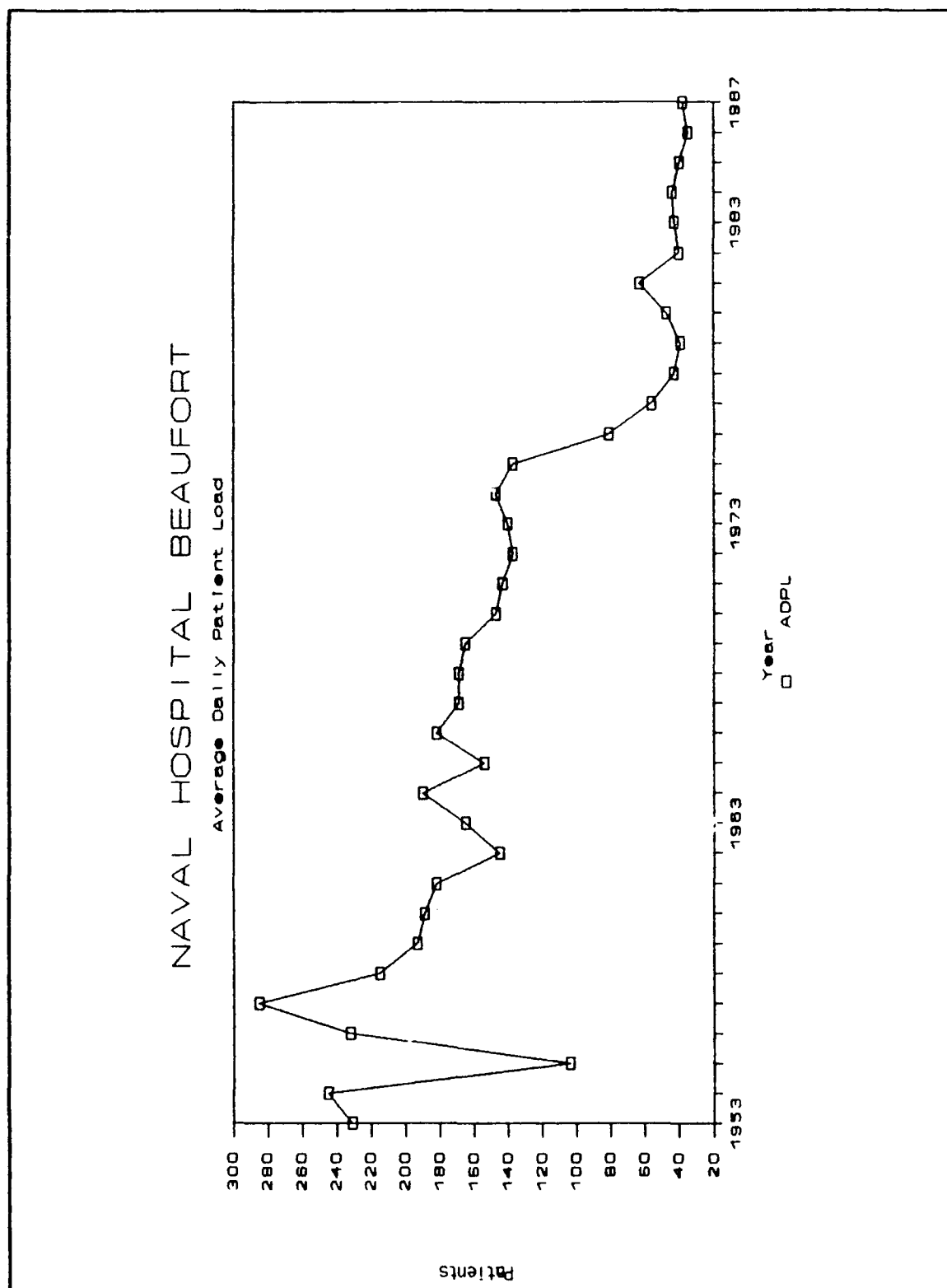


Figure 1 - Average Daily Patient Load

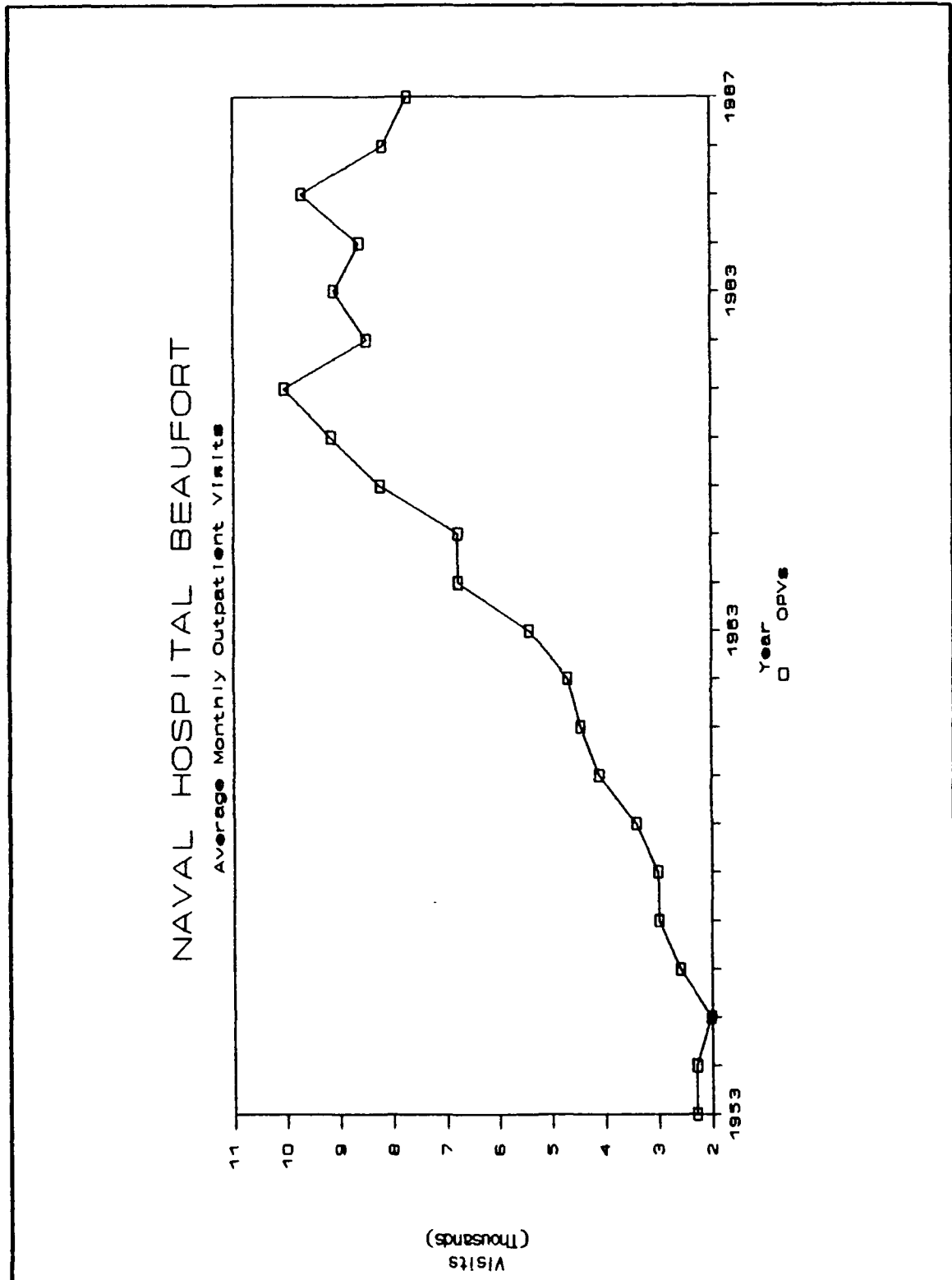


Figure 2 - Average Monthly Outpatient Visits

## Chapter 1 - INTRODUCTION

### BACKGROUND (Cont.)

These numbers are indicative of the on-going evolution at the hospital. Not unlike hospitals in the civilian sector, Naval Hospital Beaufort is evolving from a heavily inpatient based facility into an outpatient facility with inpatient capabilities. This transition is occurring while the hospital's orientation, rotation, and staffing methodologies remain biased toward inpatient care. Therefore, a need exists to change the hospital's basic orientation to ambulatory care, while still providing for the needs of the inpatient population and preparing the hospital corps staff for their wartime mission.

### RESEARCH QUESTION

To determine an alternate method of orienting newly reporting hospital corpsman to the skills necessary for the performance of duties at Naval Hospital Beaufort which also prepares them for their wartime mission.

### RESEARCH OBJECTIVES

1. To conduct a review of literature pertaining to orientation and inservice training programs within the health care industry.
2. To determine what orientation requirements are necessary for hospital corpsmen reporting for duty within a Navy hospital for the first time.

Chapter 1 - INTRODUCTIONRESEARCH OBJECTIVES (Cont.)

3. To develop a orientation program which meets these requirements.
4. To develop an implementation plan and evaluation tool for the program.
5. To implement and evaluate the orientation program to ensure that objectives of the program are being met.

CRITERIA

The method must be accepted by the Commanding Officer of Naval Hospital Beaufort as a feasible orientation program for newly reporting corpsmen at Naval Hospital Beaufort. The method must be flexible enough to accommodate fluctuations in number of corpsman reporting and changes in work intensity within departments supplying orientation facilitators. The new orientation program must also show no statistically significant drop in National Emergency Medicine Technician Certification Exam results at the 0.05 level. And finally, the program must show statistically significant evidence of effectiveness through its evaluation tool at the 0.05 level.

## Chapter 1 - INTRODUCTION

### ASSUMPTIONS

1. The newly reporting corpsmen will have learned and retained basic skills necessary within a patient care setting through their recent completion of Hospital Corps "A" School.
2. That reinforcement of these basic skills may be necessary, however, retraining will not be a requirement.
3. That newly reporting corpsmen, by virtue of their completion of Hospital Corps "A" School, will have the minimal learning ability required to complete such training.

### LIMITATIONS

The method selected must not exceed the manpower constraint set forth in the current billet structure and cannot exceed the current budget constraints set forth by higher authority.

### METHODOLOGY

1. Review current Naval Hospital Beaufort policy and procedure manuals pertaining to education standards and orientation programs.



Chapter 1 - INTRODUCTION  
METHODOLOGY (Cont.)

2. Review literature of private sector orientation and education and training programs to ensure that current developments within the field are considered.
3. Assemble a list of orientation requirements using information from the literature review and staff of the Naval Hospital Beaufort.
4. Develop a modular orientation program based on the requirements and teaching methodologies available.
5. Identify sources external to the command for possible contractual arrangements to provide the needed orientation modules.
6. Conduct a cost effectiveness analysis to determine if external sources are more cost beneficial to the command.
7. Develop a plan for the implementation of the newly established program.
8. Gather National Emergency Medical Technician Certification Exam results for the six months prior to implementation and the six months after implementation for statistical analysis.

## Chapter 1 - INTRODUCTION

### METHODOLOGY (Cont.)

9. Develop a regression model of National Emergency Medical Technician Certification Exam results, controlling for age, sex, and race of the student, to test for a statistically significant drop in the F score of the results.
10. Develop an evaluation tool, based on the objectives of the orientation program modules, for use in a pre-test and post-test.
11. Analyze the results of this testing procedure for statistically significant changes in the test scores.

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## Chapter 2 - LITERATURE REVIEW

### NEED FOR AN ORIENTATION PROGRAM

Marcia G. Lee recognizes that workers in the health care environment are the "most expensive and valuable" resources a hospital possesses. Recruiting one nurse into a civilian hospital can consume approximately \$2,000 of the manpower budget. Therefore, retention of newly acquired assets has an economical advantage over new recruitment (96N). Although a Navy Hospital does not incur recruiting costs for its military employees directly, the Navy's emphasis on retention highlights the fact that keeping good people costs less than training new ones.

Norman Ellis agrees with Lee and emphasizes the need to settle employees into the work place as soon as possible to reduce non-productive lag time. Therefore, he recommends a formal orientation program which begins by expediting the socialization process and enhancing a new employee's enthusiasm. A properly administered orientation program will quickly produce employee loyalty and commitment to the facility (417).

In addition to the economic aspects of orientation programs, the Joint Commission on Accreditation of Health Care Organizations requires that an orientation program be established at hospitals which introduces new employees to the hospital and its policies (JACHO 91). The Naval Medical

## Chapter 2 - LITERATURE REVIEW

Command also requires that a formal orientation program be established that is tailored to the individual installation. The Naval Medical Command Instruction 1500.8 cites the following minimum characteristics of each command's indoctrination program:

*"Training should include but not be limited to history of and mission of the command, unit routine and responsibilities, personnel procedures, educational services, drug and alcohol abuse, and medical and dental services (Enclosure 2 (2))."*

### ORIENTATION METHODS

Formal orientation programs in the hospital setting have been ongoing since the early 1920s. Until the recent cost containment era within hospitals, little research was conducted to determine if the methods being used were effective. With the advent of cost containment and the development of new teaching methodologies, more and more controversy is surfacing over the length and methods of conducting an in house orientation program (Flewellyn and Gosnell 147).

Seven distinctively different nurse orientation methodologies were isolated within the literature. Although hospital corpsmen do not equate to nursing personnel in the civilian sector, the basic skills required by hospital corpsman parallel those of the nurse. Therefore, these methods were reviewed for application in the proposed

## Chapter 2 - LITERATURE REVIEW

orientation program at Naval Hospital Beaufort. The seven methods are: (1) Nurse Preceptorship, (2) Competency Based, (3) Transitional Nursing Units, (4) Self-Learning, (5) Contract Learning, (6) Two Phased Objective/Subjective Program, and (7) Whole Brain Approach.

The one common thread woven throughout these programs is that each program is based on sound adult learning principles (Piemme, Kramer, Evans, and Tack 189; Paulk, Hill, and Robinson 168; Rufo 81; Wallace and Mundie 143; Flewellyn et al 147). These principles include sharing of past experiences by the orientees, building on these experiences by the facilitator, treating the orientee with respect, and realizing that the orientee is a self-motivated individual (Piemme et al 189).

### Nurse Preceptorship

The nurse preceptor orientation program is highly effective when used in a large hospital with many specialized units of care. Both Piemme et al and Shogan et al describe the preceptor program as an effective method of preparing newly graduated nurses for their role in the various settings of the large hospital (186 and 139). The preceptor program couples a nurse orientee with a role model in the work setting to which she is assigned. The orientee and the preceptor establish goals and objectives for the orientation period and, under the preceptor's guidance, the

## Chapter 2 - LITERATURE REVIEW

orientee assumes greater responsibility within the unit until the objectives are satisfied.

The major drawback to this type of program is the lack of adequately trained preceptors within a facility. The preceptor is chosen because of her competency, interpersonal skills, values, education, and motivation. These criteria usually identify nurses assigned to other responsibilities in addition to their patient care duties. Therefore, their accessibility to the orientees is sometimes limited (188 and 140).

### Competency Based Programs

A competency based orientation program is founded in the fact that certain behavioral objectives must be met prior to beginning hands on care within an institution. Therefore, the system is geared toward the accomplishment of these objectives rather than the traditional acquisition of knowledge orientation techniques. How these objectives are established is of less importance than the flexibility needed for individuals to attain them. Flexibility becomes the program's key element, allowing the orientee different paths and time intervals depending on their experience, education, and skill levels (Hagerty 157).

Flewellyn and Gosnell studied the difference between competency based orientation programs and traditional class room techniques and their findings suggest that the

## Chapter 2 - LITERATURE REVIEW

competency based orientation program was more effective within the six hospitals studied (151). In addition, O'Neal found the competency based orientation approach to be efficient and cost effective in the ambulatory setting. She found that a competency based system can be tailored to meet the individual tasks required of an ambulatory nurse while allowing the limited education and training staff to concentrate on continuing education (32-36).

O'Neal's program was designed through a series of orientation modules which were validated based on pre-established criteria. The orientee was given the criteria and a learning plan to prepare themselves for task accomplishment. The learning plans were flexible and varied to meet the needs of all orientees (35).

### Transitional Nursing Units

Orientation through a transitional nursing unit involves actual experience with real patients in a setting similar to the final work environment. The program establishes a controlled nursing unit through restricted patient admission, assignment of orientee routines, and selection of nurse trainers. While in the unit the orientees are assigned various tasks with increased responsibility and complexity as they progress (Paterniti 71).



## Chapter 2 - LITERATURE REVIEW

Paterniti established such a unit with orientees assuming responsibility for three minimal needs patients during the first day of orientation. As the nurse instructor observed competency at each stage of the orientee's progress, additional responsibilities were added. This evolution progressed until each orientee demonstrated a competency level commensurate of the normal ward responsibilities (73).

The positive aspects of the program are readily apparent. The nurse orientee is exposed to real life patients in a gradual progression of responsibilities mirroring the ultimate position. However, the transition unit has several difficulties associated with it. First, it requires that instructors be knowledgeable in psychology and an observational type application of teaching theory in sufficient quantities to man 3 shifts. Secondly, it requires a fully equipped and functional ward setting. And lastly, the method requires a sufficient patient population willing to be admitted to a training unit (74).

### Self-learning

With a greater emphasis on cost reduction in non-direct care areas of hospital operation, many hospitals have looked at streamlining their education and training departments. One way to accomplish this is by eliminating teaching positions within the department. However, orientation

## Chapter 2 - LITERATURE REVIEW

programs and continuing education must occur within the health care environment. One method of teaching which fulfills both the requirement for cost reduction and continued mission accomplishment is self-learning.

Self-learning modules have been developed in many areas of medicine and have been proven to be economically produced, extremely portable, and easily reproduced (Brooks 165). They have been adapted to individual learners and applied in such areas as Night Owl Inservice for staff development and orientation on the evening and night shifts (Djupe 155).

Armstrong extends the efficiency of the self-learning module through the use of computers. She found that computers add immediate appraisal of the self paced concept which increased the participants' desire to continue and complete each module. In addition, the interactive nature of the computer allowed the learner to carry out a wrong course of action without jeopardizing patients. This feature allows the participant to experience the adverse outcome of a wrong decision and provides explanatory information for corrective action (85-86).

Computers are not the only technological advance used to effect self-learning programs. Satellite television and interactive videodisc are the latest technologies applied to this form of learning. The Hospital Satellite Network

## Chapter 2 - LITERATURE REVIEW

provides two new programs a week for nurses, physicians, managers, and allied health professionals. The network encourages each participating hospital to tape programs for use in their continuing education programs, orientation programs, or patient counseling sessions. The programs have complete study guides and qualify for continuing nursing education credits (CNE). Although the cost for the service is approximately \$30,000 per year, instructor time, program development, and travel costs for CNE are eliminated completely (Nierenberg 18).

Interactive videodiscs enhance the benefits of computer assisted self-learning through visually accurate imagery. The nurse orientee using this system would not only be prompted through the decision making process, but would actually "see" the results of each decision made. Nierenberg reports that the system not only eliminates direct instructor interaction, it actually reduces training time by thirty to forty percent and enhances retention by approximately one fifth (19).

In addition to the more technically advanced self-learning modules, "low tech" self-learning packages have been tested against traditional instructor-based learning methods and found to be a better learning tool in at least half of the areas of concentration. In another thirty percent, self-learning was determined to be at least as

## Chapter 2 - LITERATURE REVIEW

effective, showing that at least eighty percent of the topics were covered as well as traditional instructor-based learning (Rufo 82).

The major drawback to self-learning modules is in areas requiring demonstration, performance, or practice.

Therefore, each module should be tested for effectiveness prior to replacing current instructor-taught systems (Brooks 165).

### Contract Learning

Contract learning is similar to competency based learning in that both require a needs assessment to base the orientation program on and a structured yet flexible environment to accomplish orientation learning objectives. Where contract learning from competency-based programs is in how the objectives, expectations, and role definitions are established. The orientee, the educator, and a preceptor work as a team in establishing the three elements of the program and finalizing the process with a written learning contract. The contract formally outlines the objectives and a time table for their completion (Wallace et al. 144-45). Therefore, the contract learning process involves elements of competency, preceptor, and self-learning based programs.

Wallace et al. have established eleven sets for implementing such a program which outline the intricacies of the above process. In addition, the steps include a process

## Chapter 2 - LITERATURE REVIEW

of renegotiation, evaluation, and documentation that must occur for the program to be effective (147).

The orientee in Wallace et al.'s program was required to perform regular duties while in the orientation process. Therefore, many of the problems associated with the program centered on the orientees' inability to balance work commitments with their learning schedule (148).

### Two Phase Approach

Barnes, Harmon, and Kish increased the orientation program requirements at their facility to accommodate the socialization needs of the orientee. Their two pronged approach begins with a two week program which ensures that all the policy, procedure, and protocol objectives are covered before the subjective phase of the program begins (46).

In keeping with Ellis' concern for expediting the socialization process, the second phase of this program is based on the framework of Maslow's and Herzberg's hierarchy of needs theories. This subjective phase consisted of a four week program in which adjustment factors, interpersonal skills, group dynamics, and personal growth were addressed.

Results of their research confirmed that the two pronged approach reduced the time employees identified with the organization and the anxiety and tension levels of the orientees (48). Although Barnes et al designed their

## Chapter 2 - LITERATURE REVIEW

program to accommodate the needs of displaced workers within the health care field, the application of their technique should be considered for new entrants to the field as well.

### Whole Brain Approach

The whole brain approach to orientation was studied by Burk, Gillman, and Ose. The researches developed an orientation program which was flexible enough to be individualized for each orientee's way of learning.

Each individual has a unique way of processing information. This processing is determined by the domination of one or more quadrants of the brain. Using this knowledge and Herrmann's Model of Whole Brain learning, they developing learning models for each objective which relied on all brain quadrants (199).

Therefore, each module contained some form of step-by-step process, written test, or reading material (Cerebral Left); active writing skill or checklist development (Limbic Left); intuitive or abstract exercise (Cerebral Right); and role play, debate, negotiation, or simulation (Limbic Right). In this manner, each portion of the brain was tasked to process the information presented in the module (203).

Although no statistical evaluation was presented by the researchers, the orientation program addresses all the

## Chapter 2 - LITERATURE REVIEW

concerns of each of the previous methods and combines the good aspects of each. The system applied both facilitated and self-learning modules, covered both the subjective and the objective needs of the orientee, and addressed the experience, education, and skill level of each participant (204).

### Contracting

In addition to these in-house methods of conducting orientation and continuing education programs, Wolgin and Cunningham explored contracting the activities to outside concerns. During their study they found that small hospitals, nursing homes, and ambulatory care facilities benefit in many ways through this option. Many of these smaller activities have part time educators with inflexible hours and limited resources for in house training. However, community colleges, universities, and large hospitals within the area can offer programs with the time flexibility needed during rotating shifts and have the adequate resources necessary for providing quality education (55-56).

The small activity and contractor benefit as well. The hospital receives a better educated work force, at a lower cost per staff member, while increasing their visibility within the community. The contracting educational facility benefits through planned enrollment and expanding their

## Chapter 2 - LITERATURE REVIEW

collegial frame work. In this way, small health care activities can achieve the quality education and orientation present at a large facility.

### EVALUATION OF ORIENTATION PROGRAMS

Although each of the above methods of providing orientation programs were evaluated individually using tools specific to each methodology, evaluation tools also exist to ensure that the overall program meets orientation objectives and organizational goals. Paulk, Hill, and Robinson developed a generic evaluation tool for orientation programs to ensure that quality and improvement are actively pursued by the orientation staff. Blomberg, Levy, and Anderson developed a method of determining the orientation program effectiveness in meeting organizational goal.

Ensuring that quality exists within the orientation program was the major objective of the work by Paulk et al. Through their work, an evaluation tool, based on current American Nursing Association and Joint Commission on Accreditation of Health Care Organizations, was developed (168).

The tool isolates six standards which must be present in any nursing orientation program. Objective criteria were then developed for each of these standards. An easy to use evaluation instrument was then assembled which incorporated



## Chapter 2 - LITERATURE REVIEW

the objectives and their related criteria. This two page evaluation guide ensures that the structure is present within an orientation program to produce a competent nurse able to fulfill nursing practice expectations (169-172).

Structural integration of the orientation program is not the only interest of the organization. An evaluation tool must also be present to ensure that the orientation program supports the goals and objectives of the organization.

Blomberg et al. developed an evaluation tool based on ten evaluation elements. These elements include participant enjoyment, test procedures, job applicability, labor cost savings, employee performance appraisals, labor disputes, training methods, work samples, employee career progression, and experimental group research (65).

A pre and post questionnaire was developed centering on the above elements which the participants, instructors, and supervisors can use to evaluate each section of the orientation program. Use of this tool at regular intervals can help the organization as a whole evaluate the effectiveness of the orientation program in meeting its evolving strategic plan (69).

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### Chapter 3 - DISCUSSION

#### THE EXISTING ORIENTATION PROCESS

Before developing an alternative program for orienting newly reporting corpsman it was important to review the system in place.

Upon reporting to the Naval Hospital Beaufort for duty, the hospital corpsman was assigned to a temporary work space awaiting the command's orientation program. This orientation program was offered once per month and consisted of a one day general command orientation.

The education and training department coordinated this program by scheduling an available class room and assigning subject matter experts for each of the thirteen sessions. A typical schedule of events for this program is found in Table 1. The schedule was developed based on the department or function requesting to present information during the orientation process.

#### Inpatient Orientation

After the one day command orientation, all new corpsmen reporting to nursing service required an additional 3-5 weeks of Nursing Service Orientation prior to reporting for ward duty. This course was also offered on a monthly basis and consisted of didactic instruction in the distribution of medications, insertion of intravenous catheters, phlebotomy, and proper documentation of ward activities. Following the

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didactic phase of the program, corpsmen were assigned to preceptors for the rest of the orientation period for practical application of their newly acquired skills. The preceptors observed the orientees caring for real patients and checked off demonstrated skills as they were encountered in daily routines.

#### Ambulatory Orientation

All new corpsmen reporting to an outpatient department were required to complete the Emergency Medical Technician (EMT) course if they were assigned to the ambulance watchbill as an attendant or the Department of Transportation's Emergency Vehicle Operator's Course (EVOC) if they were assigned to the ambulance watchbill as a driver. These courses were offered once a quarter, the EMT course over 12 working days and EVOC over four working days.

#### Problems with the Existing Program

The existing method of orienting new corpsmen to the hospital was riddled with problems. The following problems are considered to be major shortfalls of the program:

1. Corpsman reporting to the command at the beginning of the month could be delayed up to 29 days prior to attending any orientation and up to 3 months prior to attending role specific orientation.

Chapter 3 - DISCUSSION**Table I Existing Orientation Program Schedule**


---

<u>Command Orientation Schedule</u>	
0730-0745	Muster
0745-0830	Command Brief
0830-0845	Occupational Health/Preventive Medicine
0845-0900	Commanding Officer/Command Master Chief
0900-0915	Chaplain
0915-1000	Infection Control
1000-1030	Special Services
1030-1100	Advancement Counseling
1100-1130	Manpower Management
1130-1245	Lunch
1245-1400	Fire Safety
1400-1430	Electrical Safety
1430-1500	Command Safety Officer
1500-1530	Substance Abuse Officer
1530-1600	Patient Contact Representative

---

2. Corpsman immediately assigned to a permanent work space evaded the orientation program. A total of 83 corpsmen or 36% of the hospital's junior personnel have no record of attending an orientation session.

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3. Corpsman assigned to a permanent work space were constantly being required to attend various orientation training evolutions which were offered on a quarterly basis. The total process sometimes required a 10 month period. These short courses were considered to be interruptions to the orientee's supervisor, therefore supervisor support was minimal.
4. The reduced inpatient population available for practical experience lengthened the orientation time for ward corpsmen.
5. Corpsman temporarily assigned to administrative or ambulatory spaces were required to stand after hour duties during orientation training periods.
6. There was a lack of uniform orientation for all newly reporting hospital corpsman.
7. There were no overall goals or objectives established for the orientation program. The program did not prepare all corpsmen for their wartime role equally, nor did it meet the requirements set forth by the Joint Commission for Accreditation of Healthcare Organizations (JCAHO), Naval

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Medical Command, or the Occupational Safety and Health Administration (OSHA).

## DEVELOPING THE ALTERNATIVE ORIENTATION PROGRAM

### Establishing Goals

The first step in developing an alternative orientation program was to establish goals for the program. Establishing these goals provides direction and purpose for the program's existence beyond the requirements of higher authority.

Through a series of interviews with the Commanding Officer, previous administrative resident, and education and training department staff, the following three goals were established for the new orientation program:

1. The program will fulfill orientation requirements set forth by higher authority.
2. The program will promote a positive attitude within the orientee about himself, the command, and the Navy.
3. The program will standardize the entry level corpsman's basic skill level prior to assignment within the hospital or clinic setting.

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#### Establishing Objectives

Each goal was then broken down into a series of objectives. These objectives will ultimately form the basis of the new orientation program. Through this step down development process, the newly established orientation program is designed with direction and purpose from its inception.

To develop the objectives to meet the first goal, it was necessary to isolate those agencies and organization requiring training of newly reporting personnel to the hospital environment. The three organizations identified in this process were the Naval Medical Command, JACHO, and OSHA. Each organizations requirements were than compiled to form the following objectives:

1. Design program to meet Naval Medical Command requirements as follows: Navy rights and responsibilities, drug and alcohol awareness, suicide prevention, emergency medical technician, emergency vehicle operator's course, employment equal opportunity, and sexual harassment training.
2. Design program to meet the JACHO requirement to familiarize new hospital personnel with the concepts of quality



### Chapter 3 - DISCUSSION

assurance, patient contact representative program, and infection control techniques.

3. Design program to meet OSHA requirements requiring hospital safety, fire safety, electrical safety, and general industrial hygiene instruction for workers.

The second goal of the program was not as easily defined as the first, however, during the literature review section and a lecture by Mr. Alfred S. Pate of the Veterans Administration Hospital in Chicago, Illinois, it was apparent that promoting a positive attitude in workers centered on expediency. Mr. Pate described in his presentation at the Health Care Symposium, an orientation program is an essential element of any innovative health care organization. This program must emphasize a positive attitude and image of the institution and increase the individual's commitment and identification with the organization.

Mr. Pate stressed the importance of "getting to your new workers before anyone else does." An orientation program is ineffective if the new worker has been exposed to the organization's worst employee for two weeks prior to reporting to the program. It is much more difficult to dispel an individual's bad feelings about an organization they have worked for over a period of time than it is to

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instill positive feelings in a new employee before they have been exposed to the job.

The following three objectives were established to meet this second goal of the program:

1. The waiting period before newly reporting corpsmen would enter the program would be minimized.
2. A program would be established to present the command, the Beaufort area, and the staff in a positive manner to the orientee.
3. A program would be instituted to encourage the use of this positive attitude in every aspect of the orientee's work at the command.

The third goal required the establishment of only one objective to ensure its attainability. One hundred percent participation of all newly reporting hospital corpsmen in a standardized orientation program which familiarizes them with both their peacetime and wartime missions.

#### Designing Program Format

The format of the alternative orientation program was designed to ensure that all newly reporting hospital corpsmen were afforded the opportunity to participate while

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remaining flexible enough to reduce waiting time associated with minimum quotas for traditional classes.

As displayed in figure 3, the corpsmen reporting rate fluctuated greatly over the past twenty four months. The high month being August of this year when 26 corpsmen reported in a single month and the low months being December 86, May 87, Feb 88 and May 88 when no corpsmen reported. This fluctuation also occurred within each month further adding to the problem of planning an orientation program.

This high rate of fluctuation coupled with the desire to ensure that the waiting time for corpsmen to enter the program was to be kept at a minimum resulted in the development of a modular design for the orientation program.

Modularization was not chosen only for its flexibility. After reviewing a comprehensive Education and Training Department briefing presented to the Director of Nursing Service in September of 1987, it became evident that the Hospital was offering 95 percent of the orientation requirements outside of the orientation program. Therefore, a review of each regularly scheduled inservice training program was conducted to evaluate its application to the orientation program.

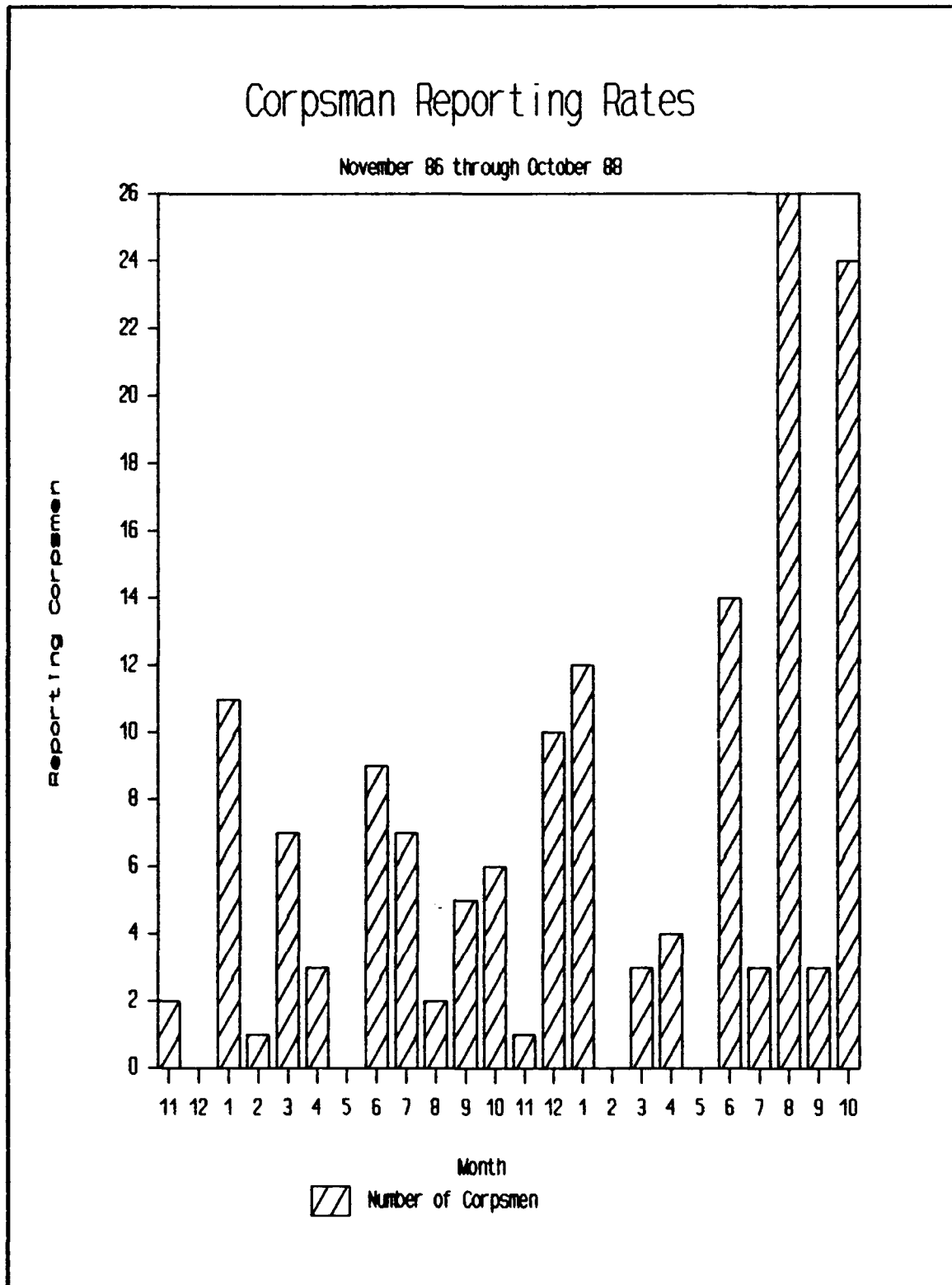


Figure 3 - Corpsman Reporting Rate November 86/October 88

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During this review the following courses were identified as applicable to the orientation program:

1. Intravenous Certification for Inpatient Providers - offered quarterly for one day.
2. Medication Certification for Inpatient Care Providers - offered quarterly over a three day period.
3. Emergency Medical Technician Training Program - offered quarterly over 12 work days.
4. Basic Cardiac Life Support (Provider) - offered twice monthly in a one day evolution.
5. Emergency Vehicle Operators' Course - offered quarterly over a three day period to members of the ambulance driver watchbill.
6. Navy Rights and Responsibilities Workshop - offered monthly for one day.
7. Patient Contact Point Training ("Feelings") - conducted monthly for 2 hours per day for 3 days.
8. Nursing Service Orientation - offered quarterly over a 3 to 5 week period.
9. Command Orientation - offered monthly for one day.

In addition to these courses offered by the Education and Training Department, the Command Chaplain was in the process of developing a workshop which promoted "positivism

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and teamwork." This one day program was felt to be in direct support of the orientation program goals, therefore it was considered for incorporation into the new program as well.

The only required elements which were not met by these courses were Navy requirements for briefing newly reporting corpsmen about suicide prevention, health benefits, equal employment opportunity and sexual harassment awareness, and alcohol and drug abuse awareness; OSHA requirements involving hazardous substance protection; and JACHO requirements for a quality assurance overview.

After identifying the courses being conducted at the hospital and distinguishing needs not being met by current programs, four modules for the orientation of newly reporting corpsmen were isolated which could be presented in a five week rotation cycle:

1. General Command Orientation Week - These five days would consist of one day for the Cultural Interaction Workshop, one day of Navy Rights and Responsibilities Training, two days of general command orientation and presentations covering JACHO, OSHA, and Navy requirements, and the patient contact program (Feelings), and one day of basic life support training.

2. Basic Nursing Service Orientation Week - This week is a modified version of the existing three week program

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which provides three days of didactic instruction in basic nursing care, medication administration, intervenous therapy, and venipuncture and two days of practical application on a mock ward.

3. Emergency Medical Technician Training - This module consists of two weeks of didactic and practical training in emergency extrication, evaluation, care, and transportation.

4. Emergency Vehicle Operators' Course - The program consists of four days of training and practical exercises in safe operation, communication and preventive maintenance of emergency vehicles.

### Developing Individual Modules

#### **Command Orientation Week**

The first module is the most diverse of all four modules. In fact, the module itself is broken down into four distinctive modules. This allows for flexibility within the Command Orientation Week. Command Orientation Week, because of its diverse subject matter, requires this flexibility to allow for variations in the subject matter experts' schedules and workload. While the week is flexible, it still provides a stable framework from which the instructors can base a long term schedule.

#### **Cultural Interaction Workshop**

The first increment of the module is entitled the Cultural Interaction Workshop. The workshop was developed

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as a joint effort between the Command Chaplain and a Medical Service Corps Officer from the Fiscal and Supply Department. The impetus for the program stemmed from an increasing number of requests from individual departments throughout the hospital for lectures to be presented by the Chaplain's Office on various subjects dealing with negative situations within the command. In giving these lectures, the Chaplain discovered that many of the real or perceived negative aspects dealt with were affecting work relationships, moral, and productivity. Therefore, rather than treat the symptoms of the problem on a continual basis, a program was developed to prevent many of the situations from arising.

The goals of this program were defined as follows:

- a. Promote morale within the command environment.
- b. Develop self worth and acceptance.
- c. Encourage a desire for challenging opportunities.
- d. Develop an ability to relate positively on all cultural levels.
- e. Encourage the value of team work within the command and the Navy/Marine Corps environment.



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The Cultural Interaction Workshop is designed around a framework of four exercises, which are played out in a relaxed atmosphere, and an introduction to the local community. The local recreation center serves as a spacious, non-threatening environment for the orientees, facilitators, and selected role models. Participants are asked to dress in informal attire to encourage openness and honesty during the process.

The first exercise exams the individual's self concept. In this exercise the orientee is ask to define to the group who they are. To encourage self expression, no guidelines are set for the format of expressing ones self image. The facilitator then leads a discussion about realistic appraisals of self worth, acceptance of one's self, the importance of self worth, and projection of self worth to others. The session is concluded through a discussion of continued self examination to promote an actionairy, rather than reactionary, lifestyle.

The second topic of the Cultural Interaction Workshop centers on goal settings and fulfillment as a means of self improvement, motivation, and expansion of knowledge and skills. Each participants is ask to share their short and long term goals with the group. This is followed by discussion which ties pro-active lifestyle with goal setting and explores goal appraisal, goal attainment

### Chapter 3 - DISCUSSION

through education, and Naval programs designed to encourage higher education. The exercise is concluded with a discussion of realistic goal setting and alternative methods of averting road blocks to goal attainment.

The third exercise in the workshop exposed orientees with positive role models from diverse ethnic, religious, and rank groups. These role models discuss their views on what the Navy has done for them, their experiences (good and bad) in military life, and their hopes for the future. Role models are selected based on their reputation within the command, their ability to set personal goals and attain them, and their team approach and positive attitude. In this way, positive images of the command, the Navy, and the health care field are presented through peer role models who have experienced or are experiencing similar adversities associated with military life in the Beaufort Area.

The forth and final exercise of the morning provides techniques for dealing with negativism. The session begins with a discussion of the causes and affects of negative attitudes, before it advances into coping mechanisms such as seeking out positive associations, presenting negative events as positive, and positive mental attitudes. This exercise concludes by addressing the fact that negative attitudes will always exist but through the application of

### Chapter 3 - DISCUSSION

positive approaches, these attitudes need not detract from our lives or careers.

The second phase of the Cultural Interaction Workshop deals with integration into the Beaufort Community. It begins with the group dining together at a local establishment for lunch. A bus tour then commences of the historical down town district of Beaufort. The workshop culminates with a trip to the Penn Center, a museum on Saint Helena Island which familiarizes the group with the culture and history of South Carolina's Low Country.

This one day workshop so closely met the second overall goal of the entire orientation program to "promote a positive attitude within the orientee about himself, the command, and the Navy" that it was placed on the first day of the first module of the program.

#### **Navy Rights and Responsibilities**

The individuals entering the orientation program have on average less than six months of active duty military experience. This prompted placing the Navy's Rights and Responsibilities workshop on day two of Command Orientation Week. This standardized Navy Program familiarizes Navy personnel with effective use of the chain of command, basic leadership techniques, and their rights and responsibilities under the Uniform Code of Military Justice. The program specifically relates these rights and responsibilities to

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the areas of equal opportunity, sexual harassment, and Privacy Act. Placing the workshop within the orientation format not only supported the goal to ensure higher authority directed programs where integrated into the orientation program, but also met the objective of many civilian programs to familiarize new employees to the administrative environment and authority structure of the institution during the orientation period.

#### **Required Courses**

The original orientation program outlined earlier in this Chapter was expanded to two days to add classes fulfilling Navy requirements for briefing newly reporting corpsmen about suicide prevention, health benefits, equal employment opportunity and sexual harassment awareness, and alcohol and drug abuse awareness; OSHA requirements involving hazardous substance protection; and JACHO requirements for a quality assurance overview. This two day period is outlined in Appendix I with notations made as to the agency requiring the subject matter. Each of the sessions outlined in Appendix I are presented by subject matter experts, standardized video tapes produced in accordance with standards of the requiring agency, or a combination of these methods. In addition, the first two sessions of the Naval Hospital's contracted five hour

### Chapter 3 - DISCUSSION

Patient Relations Program entitled "FEELINGS" ended these two days of orientation.

#### **Feelings and Basic Life Support**

Day five of the Command Orientation Week begins with the final phase of the "FEELINGS" class and terminates with Basic Cardiac Life Support training.

The "FEELING" course is a facilitator based interactive video system designed and marketed by John Tschohl which promotes effective patient relations. The program stresses the importance of positive imagery by all hospital employees from the admitting to X-ray. It emphasizes the fact that patients may receive the best possible medical care in the world but they may perceive that it was not quality care if it was not provided in a friendly and helpful atmosphere. The program incorporates visual scenarios, past experience of the participant, group discussion, practical exercises, and readings into the a well rounded and diversified approach to patient relations.

This first module fulfilled all objectives of the first two goals established for the orientation program. The program also meets all requirements of the Navy, JCAHO, and OSHA and it is timely and promotes positivism in the orientee. It is also important to note that the requirements were met through augmentation of the existing orientation program with classes existing within the

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hospital's continuing education program. Therefore, development of the first module required rescheduling of existing courses averting much of the start-up lag time associated with many new programs.

The next three modules were developed to ensure that a standard program was established which covered the peacetime and wartime requirements of the corpsman. These two roles require a corpsmen to be familiar with inpatient duties within the ward setting, the triage and treatment of patients in the field setting, and the evaluation of patients within the outpatient setting.

#### **Nursing Service Orientation**

The second module, Nursing Service Orientation, was developed to familiarize the hospital corpsmen with the major responsibilities faced in the ward setting. This was accomplished by identifying the major skill groups present in the three week Nursing Service Orientation Program and modifying the practical application through the use of a mock ward. This allowed the major skill groups of vital signs, venipuncture, intervenous therapy, medications, and cardiac arrest response to be introduced, observed, practiced, and reviewed in a format that was in congruence with adult learning techniques and whole brain approach methodologies.

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The Nursing Service Orientation Week begins with an introduction to the materials and format of the class, a tour of the inpatient wards, a review of the hospital corpsmen duties and a film produced by the Navy's Health Education and Training Command entitled "Hospital Corpsman." This is accomplished in the morning of the first day. The afternoon of the first day begins with taking the Nursing Service Pre-test and the first truly skill oriented lecture on vital signs.

For the next three days each of the five basic skills is taught using the lecture, observe, practice, and review technique. The instruction begins with a didactic lecture on the subject by a nurse instructor, this is followed by film which reinforces the lecture material and allows the corpsmen to observe the correct procedure, a practical session in the mock ward setting, and review of the material presented and practiced.

The Nursing Service Post-test is given the morning of the fifth day. After the post-test has been administered, the corpsmen are provided review of basic patient care and ward routine and a film on hospital ward admissions. The Nursing Service Module is concluded with a review of the test scores and a question and answer period.

This Nursing Service Module is not as comprehensive in the actual hands on patient contact and individualized

### Chapter 3 - DISCUSSION

preceptoring of the full Nursing Service Orientation offered previously. However, every corpsmen reporting to the command from Naval Hospital Corps School is exposed to the basic skills required to function in the inpatient environment. This exposure will better prepare them for operating in the inpatient setting of a mobilized field hospital or peace time hospital ward.

The Emergency Medical Technician module and the Emergency Vehicle Operators' Course module were adopted into the orientation program in entirety. These programs are standardized nationally by the United States Department of Transportation, National Highway Traffic Safety Administration. The Emergency Medical Technician-Ambulance: National Standard Curriculum is also correlated with the fourth edition of the Emergency Care and Transportation of the Sick and Injured which is produced by the American Academy of Orthopaedic Surgeons. Modification of these programs would have negated the possibility of becoming nationally certified in either category.

Although these courses were designed to prepare the participant for civilian emergencies and situations, the basic principles and techniques of triage, first aid, and transportation of patients do not differ significantly from the battle field casualty. Therefore, this segment of the orientation program was considered to meet the requirements



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for war time field mission and the peace time emergency mission of the hospital corpsman. In addition, the training in vital signs, triage, and patient evaluation would aid the hospital corpsman in performing tasks assigned in an outpatient clinic situation.

#### **Emergency Medical Technician**

The Emergency Medical Technician Module consists of twelve days of didactic instruction and practical exercises in ten categories of emergency medical care, one day of review, and a day for National Board Certification Examination. The ten categories include patient assessment; airways and cardiopulmonary resuscitation; wounds and bleeding, injuries to the head, neck, spine, abdomen, and genitalia; medical emergencies; environmental and industrial hazards; fractures and dislocations; emergency childbirth; psychological conditions and reactions; and patient holding and transportation.

#### **Emergency Vehicle Operator's Course**

The Emergency Vehicle Operator's Course Module is a four day evolution which includes two and one half days of didactics covering legal aspects of emergency vehicle operation, route selection and report preparation, physical forces and vehicle control, operation of emergency vehicles, handling unusual situations, and specialized driving skills. Each didactic evolution is followed with a practical

### Chapter 3 - DISCUSSION

demonstration and practical exercise. At the conclusion of the four days, a written examination and practical test are administered.

As with the Nursing Service Orientation, both the EMT and EVOC Modules have a pre-test and post-test administered appropriately at the beginning and end of the training evolution.

The skills identified and taught during the final three modules of the orientation program, and the fact the system has been designed so that every corpsmen is exposed to all four modules of the program before being assigned to their permanent work area, fulfill the requirements set forth in the final goal statement of the program.

Each module of the orientation program is independent of the others allowing corpsmen to roll into the orientation process at the beginning any module. This reduces the waiting time before a corpsmen is entered into the orientation system to an average of seven working days and limits their orientation process to continuous five week period. Therefore, within six weeks of checking into the command a newly reported hospital corpsman from Naval Hospital Corps School is fully orientated to the command as required by higher authority in the skills necessary for the peace time or mobilized mission in a manner that instills a positive image of the individual, the command, and the Navy.

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#### ALTERNATE SOURCE EVALUATION

The next phase of the project was to determine if an alternate source for providing the orientation program within the hospital could be located, and if that source would it be cost effective to use.

The Beaufort Area is very isolated and dependent on tourism and the military presence at the Marine Corps Air Station, Marine Corps Recruit Depot, and the Naval Hospital as a financial base. The Beaufort Area is served by two higher education facilities the University of South Carolina at Beaufort and the Technical College of the Low Country. Each of the institutions were approached to determine if they could facilitate all or part of the requirements set forth in the program.

The University of South Carolina at Beaufort is an extension of the University of South Carolina's main campus in Columbia, South Carolina. The university concentrates on providing courses leading to a degree at the main campus in Columbia, South Carolina and expressed no interest in this type of training.

The Technical College of the Low Country is located within three miles of the hospital making it a feasible location for in hospital or on campus instruction. During conversations with Mr. Bob Gwin, the college's special programs director, the feasibility of providing all or parts

### Chapter 3 - DISCUSSION

of the program were discussed. It was discovered during these talks that the college would require a registered nurse to meet their criteria for teaching the first two modules of the course. In his experience with the college, Mr. Gwin has been unsuccessful in recruiting nurse instructors for home health care and nurse's aide programs. In spite of the critical need for this training in the community, the college is not able to provide this service. The college's pay scale is insufficient to attract registered nurses with the current short supply in the area. Therefore, he did not feel the college could support the general orientation or the nursing orientation modules of the program.

The emergency medical technician and emergency vehicle operator's course are currently offered at the college and it was felt that the training course could be expanded to meet the hospital's needs. However, the college is required to teach the course to meet South Carolina standards for emergency medical technicians vice the national standards. South Carolina requires that 127 hours of instruction be presented and the curriculum does vary from the national standard which is presented in 110 hours of instruction. These variations would present problems in enabling the orientees to become nationally certified as required by Naval Medical Command directives.

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The cost for providing this course at the Technical College of the Low Country would be \$225 per student. This cost includes books and instructor fees for the full course of instruction.

With an alternate source identified, the first step in the cost benefit analysis was to determine the costs associated with providing the services in-house. To accomplish this the personnel costs, supply costs, and vehicle costs were isolated which related directly to the cost of conducting the course as stated on the following page.

In this way, it was established that the hospital could conduct the Emergency Medical Technician course using existing resources at a cost \$113.90 less per student than the civilian community. This would account for an annual cost saving of \$26,197 if retained in-house. This figure is based on an average of 23 students per class and ten classes per year. Based on these findings, further investigation of contracting the orientation program were terminated.

Once the modular format was developed and the cost benefit analysis was conducted, the program was presented to the Commanding Officer. The Commanding Officer reviewed the alternate source data and compared the goals and objectives to the proposed program resulting in approval of the program for implementation on a trail basis.

Chapter 3 - DISCUSSIONCOST ANALYSISPersonnel Costs

Hourly Composite Military	
Rate for an E-4	\$12.07
Hours associated with conducting	
the course based on 110 instruction	
and 40 administration	x 150
Total personnel costs	\$1,810.50

Supply Costs

Work books (23 students @ \$9.00 ea.)	\$207.00
4" Ace Wraps	69.60
Nasal Canula	.96
Muslin Bandages	25.68
Oxygen Tubing	.69
Adult Oxygen Mask	1.71
Ladder Splits	9.24
Sterile 4x4s	7.52
1" Cloth tape	4.80
3" Cloth tape	37.68
1" Paper tape	1.74
Printing	20.00
Total supply costs	\$386.62

Vehicle Costs

Annual gas consumption all ambulances	\$2,746.57
Annual Maintenance all ambulances	829.67
Total ambulance operating costs	\$3,576.24
Number of ambulances	3
Days of the year	365
Average daily ambulance operating costs	\$3.27
Course vehicle days	4
Total vehicle costs	\$13.08

Testing Costs

National Registration processing	
fee (\$15 per test)	\$345.00

TOTAL IN-HOUSE COSTS	\$2,555.20
----------------------	------------

Average Student per Class	23
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Average Costs per Student	\$111.10
---------------------------	----------

### Chapter 3 - DISCUSSION

#### IMPLEMENTATION

Once approved by the Commanding Officer for trial implementation, the next phase was development of an implementation plan. The previous orientation program was coordinated by the Education and Training Department, however, individual responsibility for various phases of the training were not specific. The new orientation program, because of its modular design, was easily broken into areas of responsibility. One member of the Education and Training Department was assigned the responsibility for "Command Orientation Week" and another member was permanently assigned as Emergency Medical Technician trainer responsible for all aspects of conducting this module of training. The command's certified Emergency Vehicle Operator's Course Instructor was assigned cognizance over the requirements associated with its completion. And the nurse assigned to the department was assigned responsibility for conducting the Nursing Service Orientation module of the program.

The responsibilities of the individual coordinators included classroom instruction, coordinating guest lecturers, scheduling vehicles, providing audio-visual equipment, reserving classrooms, updating course content quarterly, and ordering expendable supplies associated with their module. The individuals assigned to each module were familiar with each module prior to the orientation programs

### Chapter 3 - DISCUSSION

evolution, therefore, each carried over good aspects of the old program.

Manpower Management Department was the only major department within the hospital affected in a direct way by the implementation of this orientation program. Prior to implementation of the new orientation program, each person reporting to the hospital was assigned directly to their work unit. The work unit was then responsible for scheduling the orientee through Education and Training for their orientation, requiring them to "give up" a manpower asset for orientation. For the program to be fully effective, all newly personnel reporting from Hospital Corps School had to be detailed directly to the Education and Training Department for their first five weeks at the command. This change would free the orientee from departmental pressure and ensure 100% participation in the program.

This required a policy change within the Manpower Management Department to delay final assignment until after the orientation period. In addition, Manpower Management was asked not to provide the terminal work place a name of their expected manpower gains. In this way, all departmental influence over the command wide orientation process was eliminated.



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A master schedule of the orientation process was then developed by the Head, Education and Training Department through input by all staff within the department. The schedule was approved by the Hospital's administration and the program was put into place.

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## Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

The program was evaluated in three separate phases. The first phase was to evaluate the overall program to ensure the structural aspects of an orientation program were in place. The second phase was to conduct a statistical analysis of the Emergency Medical Technician national test scores to ensure that implementation of the new orientation did not adversely effect the results. And the third phase was to develop a pre-test and a post-test for the nursing service, emergency medical technician, and emergency vehicle operators' course modules and determine if the objectives of the program were being met through a statistical analysis of the results.

##### Structural Evaluation

Structural evaluation of the new orientation program involved the use of Paulk, Hill, and Robinson's "Structure Evaluation Tool". This tool was developed based on American Nursing Association Guidelines for Staff Development and the JCAHO's Manual of Hospital Accreditation. The tool breaks the evaluation into six standards based on planning, education principles, development, content, practical exercises, and instructor qualifications.

The evaluation tool, presented below, was modified to appropriately evaluate a corpsman orientation program from the works of Paulk, et. al. and applied following the description provided by the authors.

Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

## STRUCTURE EVALUATION TOOL

	YES	NO	VALIDATION
<b>Standard I</b>			
The Education and Training Department has a written plan for the orientation of corpsmen reporting to Naval Hospital, Beaufort.			
Learning Objective Stated			
Course Outline developed			
Classroom available			
Equipment available			
Documentation of attendance			
Post evaluation by participants			
Orientation begun prior to patient care			
<b>Standard II</b>			
The orientation program is based on principles of adult education.			
Adult education principles used in presentation			
Flexible scheduling available			
Individual learning needs reviewed			
Additional learning experiences added as required			
<b>Standard III</b>			
The core content of the orientation program is developed with input from personnel in various positions within the hospital.			
Nursing Administration input			
Nursing Education input			
Clinical department input			
Staff Corpsmen input			
Previous orientee input			

**Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS****STRUCTURE EVALUATION TOOL (Cont.)**

	YES	NO	VALIDATION
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**Standard IV**

The orientation program includes an introduction to the agency's physical work setting, organizational structure and philosophy.

General tour provided			
Agency philosophy reviewed			
Personnel policies reviewed			
Job performance evaluation reviewed			

**Standard V**

The orientation program includes content and learning activities which aid the orientee in implementation of practices of the institution which guide the provision of patient care.

The following topics are included:

Admission assessment			
Nursing care plans			
Discharge planning			
Nursing care procedures			
Ward policies			
Patient/family education			
Physician Orders			
Documenting nursing care			
Evaluation of nursing care			
CPR			
Infection Control			
Fire Policies			
Safety policies/disaster plan			
Nursing service philosophy and goals			
Standards of care			
Roles/responsibilities of allied health care team			
Clinical experience under supervision			

**Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS****STRUCTURE EVALUATION TOOL (Cont.)**

	YES	NO	VALIDATION
<b>Standard VI</b>			
The Education and Training Department personnel responsible for orientation of hospital corpsmen are knowledgeable in the areas of clinical practice and education.			
Director of Education has Masters or is actively working toward that end			
Nursing module coordinator has BSN			
Instructor have demonstrated:			
Clinical competence through work experience			
Past work experience in education setting			
Continuing education in staff development			

**Results of structural evaluation**

The evaluation was completed in three phases. The actual written results of each phase are located in Appendix II. The Nursing Service Module was evaluated using the entire tool because all portions of the evaluation form were applicable to the module. As one can see by reviewing the nursing service portion of Appendix II, the only structural deficiencies noted were advanced nursing care items normally performed by a nurse in the actual care delivery system. Therefore, the nursing service portion of the program is considered structurally sound.

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

The Command Orientation Module was then evaluated using the first four standards of the evaluation worksheet. Three no answers were present in this evaluation, one being a partial no. Post evaluations were not given at each short presentation, however, Navy Right and Responsibilities, Feeling, and Cultural Interaction Workshop all provided post evaluations to every participant. An overall evaluation of this module should be developed.

In addition, individual learning needs and clinical department input were not taken into consideration in this module. Every new employee within a hospital is required to have an introductory class in the subjects presented in this module by higher authority. In general, these segments are standardized at a national level.

The last evaluation was conducted on the EMT and EVOC modules. These modules were also evaluated using the first four standards of the worksheet. This segment recorded the most no answers on the worksheet because of the inflexibility of a nationally standardized curriculum. Changing the program to meet the needs of individual departments, individuals, etc. would negate the national certification offered to participants passing the national certification examinations. A general tour of the facility was considered nonapplicable to this module.

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

Overall, the new orientation program met or exceeded the standards set forth in the evaluation tool. The only area needing improvement would be in the area of feedback for the command orientation module. Considering that this tool was developed for orientation programs tailored to employees of a higher education and responsibility level within the health care setting, I was very pleased with the results.

#### Quality Evaluation

Prior to implementation of the new orientation program, a major priority for the team was to avoid degradation of training quality. To ensure that this was avoided, a study of the test results of the Emergency Medical Technician National Certification Test scores was conducted. This study was to ensure that a statistically significant reduction in the final test results did not occur.

#### Variable Selection

The Emergency Medical Technician National Certification Test score was selected as the dependent variable of interest for two reasons. The primary reason is that the test is nationally standardized and not subject to instructor bias or local manipulation. The secondary reason is that the test focuses on patient assessment and initial treatment of both trauma and medical emergencies, which directly correlates with the corpsman's mobilization and



#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

outpatient responsibilities. Meeting the initial training requirements for these two roles of the newly reporting corpsman was the primary goal of the newly implemented orientation program. Therefore, the dependent variable is defined as the National Emergency Medical Technician cumulative final score in integer form.

The primary independent variable of interest associated with the National Emergency Medical Technician Test was the program under which the student took the exam. This variable was named "program" and a 0 was entered for the old orientation program and a 1 was entered for the new orientation program. Other independent variables were selected as controls to ensure that the results of the National Emergency Medical Technician Test results were not biased on the basis of age, sex, or race of the examinee. Age was entered as whole years, and sex was entered as 0 for female and 1 for male. Race was established using three variables: Caucasian, Black, or Other. These race variables were coded a 1 if the examinee was this race and a 0 if they were not.

#### **Hypothesis**

The null hypothesis for this study is: That the newly established orientation program will have an adverse effect on National Emergency Medical Technician Test results of

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

newly reporting corpsmen to Naval Hospital, Beaufort while controlling for age, sex and race of the examinee.

$$Y = a_0U + b_1\text{Program} + b_1\text{Age} + b_1\text{Sex} + b_1\text{Cauc} + b_1\text{Black} + b_1\text{Other}$$

Where the National Emergency Medical Technician Test result = Constant + Type of Program + Age of examinee + Sex of examinee + Caucasian + Black + Other Race.

The Alternate Hypothesis is: That the newly established orientation program will not have an adverse effect on National Emergency Medical Technician Test results of newly reporting corpsmen to the Naval Hospital, Beaufort while controlling for age, sex, and race of the examinee.

$$Y = a_0U + b_1\text{Program} + b_1\text{Age} + b_1\text{Sex} + b_1\text{Cauc} + b_1\text{Black} + b_1\text{Other}$$

Where the National Emergency Medical Technician Test result = Constant + Type of Program + Age of examinee + Sex of examinee + Caucasian + Black + Other Race.

#### **Target Population**

All personnel attending the Emergency Medical Technician training program and taking the National Emergency Medical Technician Test for the first time at this command the six months previous to the implementation of the new orientation program and the six month after implementation of the program were selected as the population for the study. It

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

was determined that any person retaking the examination would not be included in the sample due to the testing bias that might occur. Additionally, it was decided that all personnel entering the course would be included in this study, not simply new orientees, because the quality of the instruction was being tested rather than the ability of a particular group of trainees. The course, although given as part of the orientation program, is offered to others throughout the command during the same class dates to meet continuing medical education requirements.

#### **Data Analysis Methods**

The results of the National Emergency Medical Technician Test were gathered for the time period indicated and age, sex, and race data was collected from the personnel file located in the Manpower Management Department of the Hospital. Once the data was collected it was entered into a microcomputer, utilizing a statistical software package, for analysis.

Once the data was entered into the computer, a series summary statistics were calculated for the entire population, for the pre-implementation population, and the post-implementation population. Additionally one-to-one correlations were completed to determine if any one independent variable had a statistically significant relationship with the results at the .05.

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

The next step in the analysis involved the development of a statistical regression model based on the hypothesis. A restricted model was then developed to determine the contribution level of the type of program on the full regression model. This was accomplished by using the full model as a baseline, restricting the model for the program type and testing the resultant  $R^2$ s with an  $F$  statistic for statistical significance.

The results of this analysis prompted the investigator to briefly exam the ten categories of questions within the test. A series of correlations were conducted to determine if the type of program could be associated with the results in any one category within the test. Regression models to determine the degree of contribution of other aspects of the testing were not preformed on each of the subsections of the test for it would be beyond the scope of this study.

#### **Data Validity**

The National Emergency Medical Technician Test results are considered to be valid in that the instructions given to each student entering the examination, the time they have to finish the exam, and the examination test booklet are all dictated by national standards. The tests are computer graded at the national testing center and results are mailed directly to the command negating the problem of inter-rater reliability.

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

Age, sex, and race was determined through self reported data and verified through a random sample of personnel record verification.

#### **Limitations**

The most significant limitation within the study was the limited time period with which to compare data. Completing a study of this nature, relying on comparative statistics of only six months, limits the applicability to the study group alone. Global application of the results would be unwise and not scientifically based.

#### **Descriptive Statistics**

The total number of persons taking the National Emergency Medical Technician's examination during the period studied was 142. Of this number, 29 completed the course under the old format and 113 from the new orientation program. The average age of the new group was 21.4 years, which was .4 years younger than the previous program. The racial mix of both groups was almost identical with approximately 73% being caucasian, 20% being black, the remaining 7% percent in other categories. The mix of female to male was approximately ten percent higher in the study group, with the first group having approximately 80% males and the study group recording approximately 70% males. The final test score of the two groups resulted in a change of less

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than .29 percentage points, with both group posting average total test scores of approximately 75%. Table II displays this information in more detail.

**Table II - DESCRIPTIVE STATISTICS**

Category	Pre Implementation	Post	Total Students
Mean			
Sex	.7931	.7080	.7254
Age	23.1379	21.3982	21.7535
Cauc	.7241	.7257	.7254
Black	.2069	.2035	.2042
Other	.0690	.0708	.0704
Test Score	74.8276	75.1150	75.0563
Standard Deviation			
Age	4.0242	3.1440	3.4004
Test Score	9.0438	9.2522	9.1789
Maximum			
Age	37	34	37
Test Score	93	89	93
Minimum			
Age	19	18	18
Test Score	56	43	43

The correlations of the independent variables with the dependent variable, as displayed in Table III, did not yield any statistically significant results at the .05 level. The correlations did show a negative relationship between sex and total score demonstrating that females in the group tended to score better but not to a statistically significant level.

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Positive relationships resulted in the age and caucasian categories, also showing that older and caucasian students tended to score higher, but not at a statistically significant level.

**Table III - CORRELATION OF VARIABLES**

Coefficient*		Correlation
Independent Variables		
Sex		-.16354
Age		.13701
Caucasian		.14869
Black		-.11389
Other Race		-.07994

\*R<sup>2</sup> of +/- .16476 required for significance

**Table IV - REGRESSION MODEL**

RESEARCH MODEL				
$Y \text{ (EMT Test Score)} = a_0U + b_1\text{Program} + b_1\text{Sex} + b_1\text{Age} + b_1\text{Cauc} + b_1\text{Black} + b_1\text{Other}$				
MODEL	R <sup>2</sup>	NLIPV	F Model	P
FULL Model EMT Test Score	0.2465	7		
Restricting Program Type	0.2454	6	0.1971	N/S*

\* Non-significant at .05 Level

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### **Regression Analysis**

The next step in the analysis involved development of a regression model the Emergency Medical Technician Test scores as a dependent variable. The mathematical version of this model is illustrated in Table IV. The full regression model was run using the multiple regression function of the statistical software package yielding an  $R^2$  to be used as a base line. A regression model was then run restricting the program type from the model. The resulting  $R^2$  was then tested for statistical significance using an F Statistic. The results were not significant, thereby, allowing the acceptance of the Null Hypothesis that the type of program would not adversely affect the outcome of the test results.

### **Additional Correlation Analysis**

The National Emergency Medical Technician Test results are reported in ten sub-categories, as well as, the cumulative score. Therefore, a correlation matrix was run to determine if any of the individual sub-categories were affected by the implementation of the new orientation program. The ten categories are: (1) Anatomy and Physiology, (2) Cardio-pulmonary Resuscitation, (3) Trunk trauma and Bleeding, (4) Multiple injuries, extremities, (5) Medical Emergencies, (6) Hazardous Materials, (7) Fractures and Dislocations, (8) Emergency Child Birth, (9) Psychological Illness, and (10) Transportation of the Sick



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and Injured. The results of this set of correlations is presented in Table V.

**Table V - Sub-category Correlations**

#### Correlation Results - Type of Program to Sub-category

Sub-category	R <sup>2</sup>	Sub-category	R <sup>2</sup>
A & P	.0713	CPR	.1181
Bleeding	.0004	Injury	.0903
Medical	.0174	Hazards	-.3209*
Fractures	.0755	Birth	.0410
Psych	-.0917	Transport	-.1180

\*R<sup>2</sup> of +/- .1648 required for significance at .05

As displayed in Table V, the only statistically significant change in sub-categories occurred in the Hazardous Materials Sub-category. The correlation demonstrated that the scores in this category were adversely affected by implementing the new orientation program. However, seven of the ten categories show improvements.

### **Conclusions of Regression Analysis**

The implementation of the new orientation program has not affected the test results to a significant degree, and in fact, the overall average has increased. Therefore,

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continuing the program in this format is not projected to have an adverse affect on test scores in the future. It is recommended that instruction in the Hazardous Materials and Transportation sub-categories be reviewed to ensure that improvements are made in the future based on the preliminary results of the correlation. It is further recommended that statistical analysis of the test results continue to ensure that degradation of the program does not occur.

#### Evaluation of Effectiveness

The final step in the evaluation process involved the development of an evaluation tool that measured the effectiveness of the individual modules. This was accomplished by developing a test tailored to Emergency Medical Technician, Emergency Vehicle Operator's Course, and the Nursing Service Module which reflected the objectives within the module. The test was then administered to the students prior to entering the module and again after the module had been completed. A statistical analysis of the data was then performed using a control group to determine if the knowledge level of the students had increased at a statistically significant level.

#### Variable Selection

The testing instrument was developed using a combination of face, content, and expert validity. The tests being used in the previous Emergency Medical Technician (EMT),

## Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

Emergency Vehicle Operator's (EVOC), and Nursing Service Orientation (NSO) courses were reviewed by the Education and Training Department to determine which individual questions best represented the objectives set forth in the orientation program. During this process, 50 questions were isolated for EMT, 100 for NSO, and 25 for EVOC. The final score for each module test was used for analysis.

### **Hypothesis**

The Null Hypothesis for this evaluation phase is: That the mean difference between the pre-test and post-test is not statistically greater at the .01 level in the study group of students than the control group.

The Alternate Hypothesis for this evaluation is: That the mean difference between the pre-test and post-test is statistically greater at the .01 level in the study group of students than the control group.

### **Target Population**

All corpsmen entering the new orientation program directly from Hospital Corps "A" School will serve as the population for this study.

### **Data Analysis**

The study was conducted using the Pre-test/Control Group Method of experimental design. Each person entering the EMT, EVOC, or NSO module of the orientation program was

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given the test upon entering the module. When the module of instruction was completed the same test was readministered to the group. A control group consisting of those individuals reporting after the commencement of the EMT module. These individuals are required to wait up to 10 days prior to entering the next module of orientation. These individuals were given all modular tests upon arriving at the command and readministered the tests five to seven days later. This time period closely approximates the training period of each module. A statistical test of the mean differences of each group was then preformed to determine if the course of instruction yielded higher scores on the post test.

#### **Validity**

The threats to internal validity of historical events, maturation, testing, selection bias, and mortality were limited by the experimental design of the study and the ability to closely control the population under study. The three external threats to validity of reactive or interactive effect of testing, reactive effect to experimentation, and multiple treatment were restricted through the use of the control group design.

In addition to the experimental design of this evaluation, a statistical analysis of a sample of the pre-tests given to actual participants and of the entire

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control group was conducted to ensure that the two groups were of the same statistical population. This analysis revealed the the mean score of those corpsmen taking the pre-test was 67.3932, while the mean score of the control group was 70.6663 resulting in an actual difference in mean scores of -3.2731 points. A hypothesis test of means using a pooled estimate of variance was conducted of this difference which yielded a  $t$  value of -1.6757 with 28 degrees of freedom. This  $t$  value proved to not be statistically significant at the .05 level thereby confirming that the sample and the controls were of the same general population of reporting corpsmen to the Naval Hospital.

#### **Limitations**

The single greatest limitation of the study was the small size of the control group. Only corpsmen reporting after the Emergency Medical Technician module began and at least five days prior to the beginning of the Emergency Vehicle Operators' Course began were placed in the control group. This allowed for the best approximation of time which elapsed between the actual pre and post test administration. This limitation was accepted to ensure that hospital corpsmen placement was not delayed unduly.

## Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

### **Descriptive Statistics**

Thirty-one individuals were given the pre and post test for the Emergency Medical Technician course with an average difference in scores of 18.9 points. The minimum change in score was 4 points with a maximum change of 46 points. The control group yielded an average change of -1.25 points with five of the eight control group participants scoring lower on the post test than the pre test.

Twenty-two persons were given the pre and post test for the Nursing Service module of the orientation program with an average change in scores of 24.23 points. The control group yield an average change of -9 points with four of the group scoring lower on their second exam.

Twenty-five corpsmen were given the Emergency Vehicle Operators pre and post test with an average difference in scores of 24 points. The post test for the control group changed on average only three quarters of a point.

Of interesting note, the standard deviation of scores on the pre test was higher in all cases on the pre test of actual participants in the orientation module than the post tests. This represents a smoothing of the variance within the population because of the training received. On the other hand, the standard deviation of the control group

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

actually increased in all cases from pre to post testing.

Therefore, the control group increased the amount of variability over time.

#### **Results of Hypothesis Testing**

The change in scores of the EMT, EVOC, and Nursing Service modules pre and post tests of the actual participants in the orientation program were then statistically compared to those of the control group using a test of two group means. The pooled estimate of variance was used to produce a  $t$  value, each of which yielded a statistically significant result at the .01 level. These

**Table VI - MEAN DIFFERENCE ACTUAL/CONTROL**

MODULE	MEAN DIFFERENCE	t SCORE	DEGREES of FREEDOM
Emergency Medical Technician	20.1532	5.075*	37
Nursing Service Orientation	33.2273	9.232*	28
Emergency Vehicle Operator	23.2500	5.354*	31

\* Statistically Significant at .01

#### Chapter 4 - PROGRAM EVALUATION AND CONCLUSIONS

results are summarized in Table VI. Each result allows the rejection of the null hypothesis, allowing the acceptance of the alternate hypothesis. Therefore, the training being given in each of the modules can be considered effective.

#### **Overall Conclusions**

The major goal of these project was to develop an orientation program for newly reporting corpsmen which readied them for both a peace and wartime posture. The modular program developed herein has accomplished that through the use of both inpatient and outpatient assessment and care training. The orientation program accomplishes this while remaining flexible enough to expedite corpsmen through the process, while meeting the requirements of JCAHO, OSHA, and higher echelon commands, as well as maintaining the level of quality necessary to ensure effective training.

The new orientation program has yielded over four times the number of Emergency Medical Technician trained corpsmen as the previous six months prior to implementation without a statistically significant drop in national certification test scores. Further statistical analysis supports that the modules are effective in training newly reporting corpsmen. The overwhelming result which supports continuation of the program is that 100% of the newly reporting corpsmen are now



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trained in inpatient and outpatient care necessary for their peace time mission as well as their mobilization mission with as little delay as possible in reporting to their terminal assignment.

These three facts supported a recommendation to approve the new orientation program as an essential part of the commands training regiment on a continual basis. With endorsement of this paper by the Commanding Officer, the program will be integrated into the Command's Continuing Education Program on a full time basis.

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**APPENDIX I****Command Orientation Schedule****DAY ONE:**

0800-0815 Welcoming Remarks  
 0815-0845 Commanding Officer  
 0845-0855 Command Chaplain  
 0855-0900 Break  
 0900-0920 Suicide Prevention\*  
 0920-0935 Career Counselor\*  
 0935-0945 Personnel Office\*  
 0945-1000 Security  
 1000-1015 Patient Affairs  
 1015-1045 Alcohol Awareness\*  
 1045-1100 Manpower Management\*  
 1100-1120 EEO/Sexual  
 Harassment\*  
 1120-1145 Special Services\*  
 1145-1300 Lunch  
 1300-1320 Drug/Alcohol Program Advisor\*

**DAY TWO:**

0800-0820 Health Benefits  
 Advisor  
 0820-0840 Quality Assurance\*  
 0840-0900 Patient Contact\*  
 0900-0910 Executive Officer  
 0910-1000 Infection Control\*  
 1000-1020 Industrial  
 Hygiene\*  
 1020-1040 Hospital Safety\*\*  
 1040-1045 Break  
 1045-1105 Preventive  
 Medicine\*  
 1105-1215 Fire Safety\*\*  
 1215-1230 Electrical  
 Safety\*\*  
 1230-1300 Lunch  
 1300-1430 Patient Contact  
 (FEELINGS)\*

1320-1400 Medical Director

**DAY THREE:**

1400-1415 Break

0800-0930 Patient  
 Contact (Cont.)

1415-1545 Patient Contact (Cont.)

0930-1130 Basic Cardiac  
 Life Support\*

1130-1230 Lunch

1230-1545 Basic Cardiac  
 Life Support (Cont.)

\* Denotes JCAHO Requirement

\* Denotes Navy Orientation Program Requirement

\* Denotes OSHA Requirement

APPENDIX II  
STRUCTURE EVALUATION TOOL  
EMERGENCY MEDICAL TECHNICIAN AMBULANCE COURSE

YES NO VALIDATION

Standard I

The Education and Training Department has a written plan for the orientation of corpsmen reporting to Naval Hospital, Beaufort.

Learning Objective Stated	X		NAVMEDCOMINST 6320.9
Course Outline developed	X		DEPT. OF TRANS GUILDE LINES
Classroom available	X		NAT'L REGISTRY OF EMT'S
Equipment available	X		
Documentation of attendance	X		
Post evaluation by participants	X		
Orientation begun prior to patient care	X		

Standard II

The orientation program is based on principles of adult education.

Adult education principles used in presentation	X		
Flexible scheduling available		X	Lesson plans required @ nat'l level
Individual learning needs reviewed	X		Pre-testing
Additional learning experiences added as required	X		Alot of practical exercises are added for those not mastering each element of the program

Standard III

The core content of the orientation program is developed with input from personnel in various positions within the hospital.

Nursing Administration/Administration input	X		Nationally standardized course
Nursing Education input	X		
Clinical department input	X		
Staff Corpsmen input	X		Evaluation
Previous orientee input	X		Nationally standardized course

Standard IV

The orientation program includes an introduction to the agency's physical work setting, organizational structure and philosophy.

General tour provided	X		But provided in other module
Agency philosophy reviewed	X		Ambulance/EMS policy reviewed specific to comd
Personnel policies reviewed	X		
Job performance evaluation reviewed	X		

PRODUCED AT GOVERNMENT EXPENSE

APPENDIX II  
STRUCTURE EVALUATION TOOL

COMMAND ORIENTATION, NAVY RIGHTS & RESPONSIBILITIES, PATIENT CONTACT (FEELINGS)  
YES NO VALIDATION

-----  
Standard I

The Education and Training Department has a written plan for the orientation of corpsmen reporting to Naval Hospital, Beaufort.

Learning Objective Stated	-----X-----	-----	CO-NAVMEDCOMINST	5450.1
Course Outline developed	-----X-----	-----	NRN- " " "	5354.4A
Classroom available	-----X-----	-----	FEELINGS " "	6320.7
Equipment available	-----X-----	-----		
Documentation of attendance	-----X-----	-----		
Post evaluation by participants	-----X-----	X	NRN & Feeling only	
Orientation begun prior to patient care	-----X-----	-----		

Standard II

The orientation program is based on principles of adult education.

Adult education principles  
used in presentation

used in presentation	-----X-----	-----		
Flexible scheduling available	-----X-----	-----	COURSES OFFERED Q 6 WEEKS	
Individual learning needs reviewed	-----X-----	X	All courses are short and reviewed at all	
Additional learning experiences added as required	-----X-----	-----	personnel by higher authority	

Standard III

The core content of the orientation program is developed with input from personnel in various positions within the hospital.

Nursing Administration/Administration input	-----X-----	-----	Program design and scheduling routed through all Admin Channels
Nursing Education input	-----X-----	-----	
Clinical department input	-----X-----	X	
Staff Corpsmen input	-----X-----	-----	
Previous orientee input	-----X-----	-----	

Standard IV

The orientation program includes an introduction to the agency's physical work setting, organizational structure and philosophy.

General tour provided	-----X-----	-----	Tour of local area included in CIG
Agency philosophy reviewed	-----X-----	-----	
Personnel policies reviewed	-----X-----	-----	
Job performance evaluation reviewed	-----X-----	-----	Manager reviews evaluation process in C.O.

REPRODUCED AT GOVERNMENT EXPENSE



APPENDIX II  
STRUCTURE EVALUATION TOOL

NURSING SERVICE ORIENTATION

YES NO VALIDATION

Standard I

The Education and Training Department has a written plan for the orientation of corpsmen reporting to Naval Hospital, Beaufort.

Learning Objective Stated	Y	Given at beginning by RN
Course Outline developed	Y	Within packet
Classroom available	Y	Standard B3
Equipment available	Y	
Documentation of attendance	Y	Class Roster used daily
Post evaluation by participants	Y	Course critique last day
Orientation begun prior to patient care	Y	upon arrival before assignment

Standard II

The orientation program is based on principles of adult education.

Adult education principles used in presentation	Y	standard nursing
Flexible scheduling available	Y	Adjusted outline
Individual learning needs reviewed	Y	based on pre test score
Additional learning experiences added as required	Y	based on pre-test scores

Standard III

The core content of the orientation program is developed with input from personnel in various positions within the hospital.

Nursing Administration/Administration input	Y	} Through review of program, supervisor's questionnaires evaluations at end of course
Nursing Education input	Y	
Clinical department input	Y	
Staff Corpsmen input	Y	
Previous orientee input	Y	

Standard IV

The orientation program includes an introduction to the agency's physical work setting, organizational structure and philosophy.

General tour provided	Y	included in class outline day 1
Agency philosophy reviewed	Y	in C.O.
Personnel policies reviewed	Y	in C.O.
Job performance evaluation reviewed	N	however, each individual given a mini-eval at end of course regarding military bearing + performance issues.

REPRODUCED AT GOVERNMENT EXPENSE

APPENDIX II  
STRUCTURE EVALUATION TOOL (Cont.)

## NURSING SERVICE ORIENTATION

YES NO VALIDATION

## Standard V

The orientation program includes content and learning activities which aid the orientee in implementation of practices of the institution which guide the provision of patient care.

The following topics are included:

Admission assessment	Y		Day 1 + Day 5
Nursing care plans		N	
Discharge planning		N	
Nursing care procedures	Y		IV, Venip., CPR, meds
Ward policies			
Patient/family education		N	
Physician Orders		N	
Documenting nursing care (Nursing Notes)		N	only a specific class within each individual class
Evaluation of nursing care	Y		Day 4 + C.O.
CPR	Y		C.O.
Infection Control	Y		C.O.
Fire Policies	Y		C.O.
Safety policies/disaster plan	Y		C.O.
Nursing service philosophy and goals		N	
Standards of care	Y		as related to each class
Roles/responsibilities of allied health care team	Y		Day 1
Clinical experience under supervision		N	occurs once assigned to Ward preceptor

## Standard VI

The Education and Training Department personnel responsible for orientation of hospital corpsmen are knowledgeable in the areas of clinical practice and education.

Director of Education has Masters or is actively working toward that end Y NOT in Education

Nursing module coordinator has BSN Y

Instructor have demonstrated:

Clinical competence through work experience Y 8 yrs as RN  
 Past work experience in education setting Y educ. officer for ICU  
 Continuing education in staff development Y By nature of job